

State of Hawaii
Department of Health
Health Resources
Emergency Medical Services & Injury Prevention System
Branch

Addendum 2

December 1, 2004

To

Request for Proposals

**HTH 730-1
Emergency Medical Services
For Maui County
October 12, 2004**

December 1, 2004

ADDENDUM NO. 2

To

**REQUEST FOR PROPOSALS
Emergency Medical Services for Maui County
HTH 730-1**

The Department of Health Emergency Medical Services and Injury Prevention System Branch is issuing this addendum to RFP No. HTH 730-1, Emergency Medical Services for Maui County for the purposes of:

- ☐ Responding to questions that arose at the orientation meeting of November 16, 2004 and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- ☒ Amending the RFP.

The proposal submittal deadline:

- ☐ is amended to <new date>.
- ☒ is not amended.

Enclosed is (are):

- ☐ A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- ☒ Amendments to the RFP.

Should you have any questions, contact:

Clay Chan, Program Specialist

808-733-8328

cmchan@camhmis.health.state.hi.us

Emergency Medical Services and Injury Prevention System Branch

3627 Kilauea Avenue #102

Honolulu, Hawaii 96816

HTH 730-1 Emergency Medical Services for Maui County is amended as follows:

Subsection Page

Section 5, Attachment B - REPORT OF EXPENDITURE

- A. PERSONNEL COST, is amended as follows:
Item #4 has been added to identify Non-Holiday Overtime.
- B. OTHER CURRENT EXPENSES, is amended as follows:
Item #6 has been added to identify Drugs/Medication expenditure.
Item #12 has been added to identify Motor Vehicle Gas and Oil expenditure.
Item #13 has been added to identify Motor Vehicle Repairs and Maintenance expenditure.
Item #23 has been added to identify General Excise Tax expenditure.
Item #24 has been added to identify Administrative Overhead (including profit) costs.

REPORT OF EXPENDITURES

Reporting Period Covered: _____						
EXPENDITURE CATEGORIES	CONTRACT COST					
	BUDGET	ACTUAL			BALANCE	% EXPENDED
	Total Contract	Prior Periods to Date (Cumulative)	Current Reporting Period	Contract Period to Date (b) + (c)	(a) - (d)	(d / a)
	(a)	(b)	(c)	(d)	(e)	(f)
A. PERSONNEL COST						
1. Salaries				0	0	0.00
2. Payroll Taxes & Assessments				0	0	0.00
3. Fringe Benefits				0	0	0.00
4. Non-Holiday Overtime				0	0	0.00
TOTAL PERSONNEL COST	0	0	0	0	0	0.00
B. OTHER CURRENT EXPENSES						
1. Airfare, Inter-Island				0	0	0.00
2. Airfare, Out-of-State				0	0	0.00
3. Audit Services				0	0	0.00
4. Contractual Services - Administrative				0	0	0.00
5. Contractual Services - Subcontracts				0	0	0.00
6. Drugs/Medication				0	0	0.00
7. Insurance				0	0	0.00
8. Lease / Rental of Equipment				0	0	0.00
9. Lease / Rental of Motor Vehicle				0	0	0.00
10. Lease / Rental of Space				0	0	0.00
11. Mileage				0	0	0.00
12. Motor Vehicle Gas and Oil				0	0	0.00
13. Motor Vehicle Repair & Maintenance				0	0	0.00
14. Postage, Freight & Delivery				0	0	0.00
15. Publication & Printing				0	0	0.00
16. Repair & Maintenance				0	0	0.00
17. Staff Training				0	0	0.00
18. Subsistence / Per Diem				0	0	0.00
19. Supplies				0	0	0.00
20. Telecommunication				0	0	0.00
21. Transportation				0	0	0.00
22. Utilities				0	0	0.00
23. General Excise Tax						
24. Administrative Overhead (including profits)						
				0	0	0.00
TOTAL OTHER CURRENT EXPENSES	0	0	0	0	0	0.00
C. EQUIPMENT PURCHASES				0	0	0.00
D. MOTOR VEHICLE PURCHASES				0	0	0.00
TOTAL EXPENDITURES	0	0	0	0	0	0.00
CONTRACT REVENUES RECEIVED						
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>For Official Use Only</p> <p>Signature of Program Reviewer _____ Date _____</p> <p>Signature of Fiscal Reviewer _____ Date _____</p> </div> <div style="width: 60%;"> <p>DECLARATION: I declare that this report, including any accompanying schedules or statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the reporting period(s) stated.</p> <p>Report Prepared By:</p> <p>_____ Name (Please Type or Print) _____ Phone _____</p> <p>_____ Signature of Awardee's Authorized Official _____ Date _____</p> <p>_____ Name and Title (Please Type or Print)</p> </div> </div>						